



South Carolina Department of Labor, Licensing and Regulation
Board of Examiners in Speech - Language Pathology and Audiology
P O Box 11329
Columbia SC 29211-1329
www.llr.state.sc.us/pol/speech
fax number (803) 896-4719

Name Change Request Form

A name change must be accompanied by one, of the following documents showing proof of your legal name change: A marriage license, final divorce decree or a court order indicating the name change. (Copies sent to the Board must be legible.

PRINT OR TYPE (DO NOT USE PENCIL)

<input type="checkbox"/> Licensee		
Previous Name (First) (Middle) (Last)		
New Name (First) (Middle) (Last)		License Number: _____ (If Applicable)
Telephone Number Business: _____ Home: _____		
Current Address _____ _____ _____ _____		

I certify that the information is true and correct.

SIGNATURE: _____

DATE: _____